

PRACTICE IMPROVEMENT STEERING COMMITTEE

October 11, 2012 Meeting
Michigan Association of CMH Boards Building
426 South Walnut Street, Lansing 48933
Minutes

Attendees on Site

1. Karen Amon (Access Alliance)
2. Nora Barkey (MDCH)
3. Crystal Carrothers (MDCH)
4. Karen Cashen (MDCH)
5. Phil Cave (Genesee)
6. Luann Gray (Kalamazoo)
7. Kathy Haines (MDCH)
8. Darren Lubbers (Ottawa)
9. Mary Ludtke (MDCH)
10. Crystal Palmer (Detroit-Wayne)
11. Mark Ragg (EMU)

12. Alyson Rush (MDCH)
13. Josh Smith (DBT Center of Michigan)
14. Mike Vizona (MACMHB)
15. Jim Wargel (Macomb)
16. Steve Wiland (MDCH)

Attendees by Phone

17. Risa Coleman (Detroit-Wayne)
18. Andrea Cole (Flinn Foundation)
19. Liz Knisely (MDCH)
20. Kathy Kovach (Oakland)
21. Nancy Murphy (network180)
22. Ginny Reed (Saginaw)
23. Mary Ruffolo (U-M)
24. Tom Seilheimer (Thumb Alliance)
25. Josh Snyder (Northwest MI)
26. Rosa Thomas (Macomb)
27. Laura Vredeveltd (The Standards Group)

I. Welcome and Introductions – Karen Cashen

All were welcomed and everyone introduced themselves.

II. Review/approval of 7/12/12 Minutes

The recorder was Crystal Carrothers. Mark Ragg moved and Luann Gray seconded to approve. Minutes approved.

III. Agenda

The agenda was adopted with no changes

IV. Focus on Innovation /Advancement – Alyson Rush/Karen Cashen

- <http://improvingMIpractices.org> updates/questions – Alyson
 - There will be a soft launch at the MACMHB Fall Conference where people can sign up to get registered.
 - There will be an online Older Adult class available soon.
 - Motivational Interviewing - There should be 5 out of 15 online modules done soon for this course.
 - Will be adding more classes and developing them on schedule.

- Older Adults – ‘Developing Meaningful Connections with People With Dementia’ is a teaching tool that includes a book, lessons, videos, and PowerPoints that will be up and ready soon. There will also be a Developing the Three D’s (Depression, Dementia, and Delirium) course.
- Assertive Community Treatment (ACT) - Online Doctor and Nurse practitioner class in process. It currently has 3 of 4 modules finished.
- Mary Ruffolo from the University of Michigan is working on cross-cutting competencies courses. She has worked with centers and agencies to identify core elements for all practitioners. The modules are completed and we would like to test the modules this next year to see how supervisors and users use them. She will send out direction on how to use this. Have had several trainers participating in the video clips. Modules take about ½ hour to review and then there is opportunity to work with a supervisor to implement the common elements. Anybody interested on testing this, please email Mary at mruffolo@umich.edu.
- Family Psychoeducation – Working on videos that will help with the workshops and group sessions.
- Talking with BSAAS on how to work together on the site.
- Working on offering CEUs for as many of the classes as possible.
- There are many forums and areas that include meeting minutes, agendas, etc.
- The Behavioral Health Wiki will be a searchable repository of resources and definitions for all practices.
- Please contact Alyson Rush or Steve Wiland if you would like to add resources to the Wiki.
- Nora Barkey asked about adding screening and assessment tools. These can be added.
- Each course will be facilitated and monitored.
- If you have staff that is not yet enrolled please visit the website and fill out the “Apply Here” form.
- IMP website will be one of the tools used to help foster the **Integrated Health Learning Community**.
 - This is a partnership between MDCH, MACMHB, and the National Council which will create a way of organizing conversation, discussion planning, providing training, and sharing resources across the state for pursuing different models for CMHs and consumers.
 - IMP will also be one way to give technical assistance to the FY13 block grant projects. A handout is available to describe effective Learning Communities.
 - Part of the plan of the Learning Community is to organize some sort of advisory or guidance group that will help as it gets up and running on the integrated care focus.
 - If any of you or your associates have interest on sitting on this council please contact Mike Vizena at mvizena@macmhb.org. Most meetings will be teleconferenced.

- **Block Grant** project updates - Karen
 - Still finishing up FY12 adult mental health block grants.
 - Final narratives are due October 31st, and financial status reports are due November 15th.
 - Please submit additional products developed.
 - The draft spending plan for the FY13 Adult Mental Health Block Grant was passed out and discussed.
 - The Children's Mental Health Block Grant funds are not reflected on this spending plan.

V. Updates on MACMHB-associated trainings/conferences – Mike Vizena

- The MACMHB Fall conference is October 15th and 16th at the Grand Traverse Resort and Spa in Traverse City.
- Currently there are more than 800 people registered for the conference.
- There will be a table to converse about the Learning Community and the improvingMIpractices.org website.
- The MACMHB Winter conference will be on February 12th and 13th at Best Western Plus in Lansing.

VI. Discussion/updates on EBP Development & Implementation

- Updates (as indicated) from existing PISC Subcommittees/workgroups

Measurement – Kathy Haines

- The group last met on Tuesday, and they have been working on the integrated care analysis.
- The advisory group had analyzed primary health care utilization among our consumers who are enrolled in Medicaid health plans for FY10. They looked at emergency room, inpatient, and ambulatory care and have also been looking at FY11. Emergency room use still shows that people with MI have higher utilization than those with DD (about 3x higher).
- The internal committee MDCH put together for Data Informatics for integrated care has two subcommittees. The one that Kathy is in is the Population Analysis Workgroup. They are currently putting together a work plan. HSAG will be doing a similar analysis showing the information for the Medicaid health plan. The group also wants to look at pharmacy data. This is a joint effort between MH and MSA.
- The number one reason for ER visits was signs, symptoms, and ill-defined conditions for people with MI. Jim Wargel thought that reason might be unnecessary and mentioned that they are trying to separate unnecessary and necessary ER use. They would like to focus on how to reduce unnecessary use.
- Laura Vredeveltdt described the other subcommittee led by Judy Webb that is focusing on CMHs having access to client-level data analytics. This group has had two meetings so far. The first meeting included overviews of the data warehouse. The second involved a discussion about strategic plans and how they will connect with the data warehouse. The group

began a list of the very basic low-level data that they could obtain. The PIHP reps and Medicaid health plan reps requested for basic attribution data, including which people are served by Medicaid health plan as well, who is their primary care doctor, and what condition they have.

DD+MI Subcommittee – Nora Barkey

- The workgroup is currently gathering information.
- Nora distributed and discussed a PowerPoint handout that includes graphs and data about the DD/MI population. This PowerPoint will also be shared at the MACMHB conference.
- They are focusing on the 30-40% of people with developmental disabilities who have a co-occurring mental illness.
- Nora distributed a handout showing the steps related to clinical pathways for supporting persons with mental illness and intellectual/development disabilities. They are trying to identify key areas and additional measures across the process and the system.
- Kathy Kovach shared that they have talked about the challenges with DD at their metro regional quarterly meetings. Since then they have had additional conversation with a consultant/trainer who is well-known and has received many requests from people across the state.

CoCAL – Steve Wiland

- The FY13 statewide COD conference is beginning to be planned, and it will be included with the MACMHB conference. If you have an interest in planning this, please let Steve know. Most of the planning will be through teleconferencing.
- There is program evaluation discussion across the state, and they are increasingly embracing the framework provided by DDCAT and DDCMHT, and DDCHCS. They are the same domains, but the language changes. There was a pilot with the DDCMHT for FY12 and the effort will be expanded for FY13.
- A number of early adopter PIHPs and CAs have put out the resources to have their own reviewers trained for their catchment area to provide reviews for their own networks. How do we feed the information back to get a statewide view?
- State supported mechanism for traditional SA providers. How can the state best support that?
- DDCMHT - there are state-trained reviewers to conduct reviews at sites. Contact Steve to get connected.

Supported Employment (SE) – Amy Miller (via written update)

- Currently working with 5 PIHPs, and providing reviews and assistance with quality improvement plans and TA. There is a group that includes representatives from each county and MDCH who are making suggestions on redefining the measures for employment outcomes. This reporting will be piloted with the 5 PIHPs before rolling it out to the field.

- Joe Longcor and Amy Miller were members of a training design committee hosted by MARO. The group included representatives from MARO, MDCH, MRS, MCB and Michigan's chapter of APSE. The training is hosted by MARO--the first "academy" will be ending this month--it is 24 hours of skills training on providing employment services to people with barriers to employment. There is a focus group of participants scheduled to give them feedback. Feedback so far has been quite positive.
- They are over-scheduled on fidelity reviews. It may be necessary to add members to the MIFAST-SE team.

Trauma Subcommittee – Mary Ludtke

- The subcommittee reviewed the events of the summer. They are looking forward to a coaching call next Thursday with the CMHs that participated in the trainings during the summer. The subcommittee is discussing the trauma informed practices that they want to support in planning for next year.
- Steve added that they want to determine how to bill the services.
- The field has delivered trauma specific services, such as the ‘Seeking Safety’ model, and there are different ways that it could be billed.
- Feel free to participate in any subcommittees.
- There is a dial-in option for the trauma subcommittees.
- It was suggested that the trauma subcommittee have regularly scheduled meetings, and this will be put on the agenda for the next meeting.
- Next meeting is Wednesday, October 31st at 10:00 a.m.

Trauma-Focused CBT - Mary Ludtke

- The TF-CBT initiative continues to move along. They are more than two-thirds through the CMHs participating.
- Currently making plans for FY13. Making sure they have opportunities for CMHs to send teams in FY13.
- The new groups start in screening and assessment with the learning collaborative in January and February.

PMTO – Mary Ludtke

- Moving up with the Minnesota research project.
- Still working with MSU to get coding and family progress from pre to post.
- There will be a state training in January for individual PMTO.
- The Parenting Through Change (PTC) group is making great progress.
- Attended the LOF meeting with Kay Hodges, and data is showing progress.
- They are now doing their own fidelity checks.
- Moving forward with WMU to recruit students and putting PMTO within the University to educate the workforce before they come out. This is a pilot.

- The SAMSHA conference in Florida went well. There was a parent and child from Big Rapids present.

Assertive Community Treatment (ACT) – Alyson Rush

- There will no longer be recurring meetings for the ACT Subcommittee. Subcommittees were intended to target developing practices, and ACT has been around the longest. The ACT subcommittee will now only meet when needed.
- Other subcommittees may consider doing the same thing, but everyone in the committee needs to agree on it.
- There is a new ACT team in Gladwin. Trainings continue for ACT 101. The last ACT training topic was ‘Legal Issues and Concerns for ACT Workers’ that dealt with ethics and received good feedback.
- Reports will still come to the PISC meeting with older adults updates too,

Family Psychoeducation (FPE) – Alyson Rush

- The Fall training has been scheduled for November 8 & 9.
- TA visits and Learning Collaboratives are currently being scheduled.
- There is an MSU Public Policy Master’s intern evaluating FPE. The Evaluation will be completed in December.
- Statewide Point in Time Survey (U-M) is scheduled for last week of October. Some outcome information will be generated from the survey. Solicits information from families, participants, and facilitators. This survey is trying to capture some of the change experienced by family members and consumers that does not get captured with traditional data collection. They want consumer input on helpfulness of FPE.

• Supporting the advancement of DBT/CBT

- Phil Cave stated that there was strong interest to form a DBT group during the statewide DBT conference call in July.
- Josh Smith, a national trainer and consultant and co-owner of the DBT Center of Michigan, updated the group on available MDCH-subsidized trainings.
 - There is an upcoming pilot using DBT with adolescents.
 - Have trained over 500 clinicians in DBT in 2012.
 - There is a 5-day core DBT training.
 - After the training, each team is provided with monthly consultation to help them further implement.
 - They are now in the process of providing a 2-day follow-up training.
 - There is a high level of excitement and interest.
 - The proposed training format for FY13 is different. There will be two more days of training, which will include an introductory training.
 - Every two months there is a statewide teleconference call with DBT leaders.

- Each participant will complete a pre- and post-test to continuously assess the delivery of trainings and competencies gained.
 - Is important to have a standardization tool of how teams use CPSSs. Will look closer with Peer Support Specialists on the teams across the state.
 - There will be a separate exam for Certified Peer Support Specialists and other non-clinical team members.
- Josh discussed the handout listing the guidelines for becoming an approved DBT program that are effective January 1, 2013. MDCH Standards have been upgraded and include some of the standards that have been utilized in Minnesota.
- Mike Vizona recommends that something be done on a pilot basis. Some attention should be paid to the cost associated with that so there is recognition. Mike discussed his concerns about administrative costs and getting ROI of everyone's additional time.
- Jim Wargel suggested a subgroup that looks at all certifications.
- Phil will get the DBT subcommittee started.
- There is no national DBT approval process. A national certification is now in the process. They have standards out now, but they are waiting for the funding.
- Developing "critical pathways"
 - Have been looking at health measures. Need to develop health pathways around the top five issues. Want to know what people are doing across the state.
 - The Integrated Health Learning Community could be an opportunity to use this.
 - Hoping it would be advanced to the state level and then linked.
 - Finding out what is being developed right now would be most helpful.
- MDCH standard process/standard documentation of credentialing of programs and individual clinicians
 - There is an increasing burden of how many different clinician credentials there need to be and how to keep track of that.
 - Jim recommends a workgroup that looks precisely at that issue for each practice. Jim Wargel will lead the group if Lucy will too. Laura from The Standards Group will join as well.

VII. Behavioral Health and Developmental Disabilities Administration Updates

- Working on looking at realigning the state PIHP system.
- Putting out a new AFP. Want to ask for a letter of intent with the AFP to go out and get back to us around February. It will be electronic.
- Want to extenuate the areas they have not done well on and expand on the ARR.
- Have worked with CAs and MACMHB to come up with some defined areas of the state.
- Work being done to pull the CAs into the PIHP system.

- Liz discussed the different policy academies.
- Have had a workgroup on jail diversion. Recommendations have been sent to the Governor's office and are currently awaiting approval.
- MDCH is in a lawsuit for not being able to provide ABA on Autism Spectrum Disorder. The lawsuit is not settled yet. Might not meet the January 1st target date for new services. Many people are attending training on diagnostic tools. There should be a more up-to-date presentation at MACMHB.
- Jim Haveman is the new director at MDCH.
- Mike: The extension request has not been submitted yet. Will most likely go out within the next few days. 1915(i) is completed but has not been submitted. Still working on the appropriations amount and projects; neither have been formally submitted. There is no timeframe.

VIII. Next Meeting: Agenda Topics

IX. Adjourn

The meeting was adjourned at 12:00 p.m.

Next PISC meeting: January 10, 2013; 9:00am – Noon
Michigan Association of CMH Boards Building
426 South Walnut Street, Lansing, 48933

ACRONYM GLOSSARY

1. **ABA** = Applied Behavioral Analysis (treatment for autism)
2. **ACT** = Assertive Community Treatment
3. **AFP** = Application For Participation
4. **APSE** = Association of Persons Supporting EmploymentFirst
5. **ARR** = Application for Renewal and Recommitment
6. **BSAAS** = Bureau of Substance Abuse and Addictions Services
7. **CA** = (substance abuse services) Coordinating Agency
8. **CBT** = Cognitive Behavior Therapy
9. **CEU** = Continuing Education Unit
10. **CMH** = Community Mental Health
11. **CoCAL** = Co-occurring Change Agent Leaders
12. **COD** = Co-Occurring Disorders
13. **CPSS** = Certified Peer Support Specialists
14. **DBT** = Dialectical Behavior Therapy
15. **DD** = Developmental Disabilities
16. **DDCAT** = Dual Diagnosis Capability in Addictions Treatment
17. **DDCHCS** = Dual Diagnosis Capability in Health Care Settings
18. **DDCMHT** = Dual Diagnosis Capability in Mental Health Treatment
19. **DD/MI** = Developmental Disabilities + Mental Illness (workgroup)
20. **EBP** = Evidence-Based Practice
21. **EMU** = Eastern Michigan University
22. **ER** = Emergency Room
23. **FPE** = Family Psychoeducation
24. **FY12, FY13** = Fiscal Year (October 1-September 30)
25. **HSAG** = Health Services Advisory Group
26. **IMP** = Improving My Practices (website)
27. **LOF** = Level of Functioning
28. **MACMHB** = Michigan Association of Community Mental Health Boards
29. **MARO** = Michigan Association of Rehabilitation Organizations
30. **MCB** = Michigan Council for the Blind
31. **MDCH** = Michigan Department of Community Health
32. **MH** = Mental Health
33. **MI** = Mental Illness
34. **MIFAST** = Michigan Fidelity Assessment and Support Team
35. **MRS** = Michigan Rehabilitation Services
36. **MSA** = Medical Services Administration
37. **MSU** = Michigan State University
38. **PIHP** = Prepaid Inpatient Health Program
39. **PISC** = Practice Improvement Steering Committee
40. **PMTO** = Parent Management Training – Oregon model
41. **PTC** = Parenting Through Change
42. **ROI** = Release Of Information
43. **SA** = Substance Abuse
44. **SAMHSA** = Substance Abuse and Mental Health Services Administration
45. **TA** = Technical Assistance
46. **TF-CBT** = Trauma-Focused Cognitive Behavioral Therapy
47. **U-M** = University of Michigan
48. **WMU** = Western Michigan University